STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ALASKA

**Requirements for Third Party Liability --
Identifying Liable Resources**

In compliance with the requirements of 42 CFR 433, the State Medicaid Agency takes the following action to determine the legal liability of third parties to pay for services furnished under the state plan:

TPL ACTION DURING INITIAL INTAKE:

As a part of the initial application process, the Division of Public Assistance (DPA) eligibility technician obtains all available third-party resource information from the applicant and enters that information into the Eligibility Information System (EIS). Third-party resource information is gathered through the following:

(1) Work history forms completed and submitted by the applicant's present or former employers.

(2) The application provides all applicable information about the absent and custodial parents.

(3) The eligibility technician has on-line access to the State Wage Information Collection Agency (SWICA) data base, Social Security Administration (SSA) wage and earnings files, Division of Motor Vehicle (DMV) records, and other state agency data bases, and checks applicant information against these data bases.

(4) Within 30 days, the eligibility technician corresponds with any potential third-party resources identified on the application or through one of the data bases identified in (3) above in order to verify whether there is a third-party resource available.

(5) Once a third-party resource has been verified, a third-party resource code and insurance policy information is entered into the EIS for that applicant.

(6) For the duration of time a Medicaid case is opened, DPA, DMA, and the TPL contractor all cooperate to follow up on any new leads to a legally liable of third-party resource. When new information appears on the EIS, either from Mandatory Monthly Reports (MMR), DMV accident reports, or other changes in the client's circumstances, the division TPL staff will investigate those leads or will forward screen prints that include this information to the TPL contractor for immediate follow-up. The TPL contractor uses the Trauma Code Follow-up Report (TP-0-06) generated by the MMIS each week to identify cases in which a provider has used a trauma code. Follow-up consists of writing or telephoning the recipient, employer, insurance company, or other entity in search of more information on potential third-party resources. The TPL contractor will bill for any outstanding Medical expenses for which a third-party is liable. The appropriate third-party resource code is entered on the EIS to assure claims are "cost avoided" or paid in accordance with the provisions of 42 CFR 433.139.

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In addition to the initial intake process, data exchanges are conducted as described below.

DATA EXCHANGES:

(1) In addition to continuous on-line access, a data exchange between the Medicaid eligibility files (on the EIS) and both SWICA and Social Security Administration (SSA) wage and earnings files are performed once per week. Any alerts that third-party resources may be available are handled in the same manner as they are during intake processing.

(2) Once per week, an EIS computer tape, which contains all current eligibility and updated third-party resource information on each Medicaid eligible individual, is passed to the MMIS claims processing system. When the data pass is complete, the MMIS is updated with any new third-party resource information entered by the eligibility technician in the prior week. The updated MMIS includes the appropriate TPL resource codes and will determine how claims are handled by the MMIS. When a claim is submitted, the MMIS will check to see if a TPL resource code exists on that recipient.

(3) The TPL contractor conducts a data exchange between the MMIS and the following:

(a) **Child Support Enforcement Division (CSED).** Once per month CSED records are compared against MMIS data. This information includes the name of the child; name, address, SSN, and phone number of the obligor parent; the parent's health insurance company; policy number; and the effective date of the policy. The contractor follows up on each new lead by telephoning or writing to the absent parent, the absent parent's employer, or the absent parent's heath insurance company requesting payment. In most cases, the insurance company either pays the bill or submits an Explanation of Benefits (EOB) which identifies the reason why the claim was denied.

(b) **Division of Worker's Compensation (WC).** Worker's Compensation data is matched with MMIS date on an annual basis by the TPL contractor. As a result of the data match, a report is generated that identifies individuals who are recipients of both Medicaid and worker's compensation payments. The contractor sorts these cases by age of claim and requests from DMA a detailed report on the most recent claims. Within 30 to 60 days, the contractor conducts phone or letter follow-up. Historically, these data matches have not been effective. Virtually all cases with worker's compensation indicated as a third-party resource are identified as such by the eligibility technician at the time of initial intake or by the recipient when filing his or her MMR.

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(c) **Division of Motor Vehicles (DMV).** Once per year the contractor compares DMV accident report information with EIS files. This DMV information includes the name and SSN of the Medicaid recipient, date of accident, and the recipient's Medicaid number, and may include the provider's name and number. If the DMV information reveals that an automobile accident or related injury (pedestrian, driver, passenger, or bicycle) has occurred, a police accident report is requested from DMV to determine who may be a legally liable third-party. If the accident report identifies any insurance companies involved, the TPL contractor will correspond with that company to determine the extent of coverage.

EXTENDED TPL CASES:

If a TPL case cannot be resolved quickly and results in litigation, recovery of third-party resources must await legal settlement of the case. Regular follow-up on cases in litigation occurs monthly. In these cases, the claim is normally paid by DMA, and a TPL resource is not entered on MMIS until the litigation has been settled.

DIAGNOSIS/TRAUMA CODES EDITS:

Except as noted below, the agency has incorporated the following International Classification of Disease (9th Revision) diagnosis and trauma code into the MMIS claims processing system:

344 -- 344.9;
717 -- 718;
722 -- 724; and
800 -- 999.9 (with the exception of 994.6).

The presence of these codes in the claims processing system weekly generates Trauma Code Follow-Up Reports (TP-0-06).

The Department of Health and Social Services has received a waiver from edits to the following ICD-9 diagnosis and trauma codes:

931 -- 939.9;
958 -- 958.1;
960 -- 979.9;
980 -- 989.9;
990 -- 995.89 and
996 -- 998.1.